California MEDICAL ASSOCIATION

NOTICES & REPORTS

The U. S. Department of Health, Education and Welfare

• DR. LOUIS H. BAUER'S LETTER TO THE MEMBERS OF THE HOUSE OF DELEGATES OF THE AMERICAN MEDICAL ASSOCIATION

March 5, 1953

I HAVE BEEN REQUESTED to write each member of the House of Delegates a letter so as to bring him up to date on what has transpired since the December meeting of the House.

In December a request was sent to Mrs. Oveta Culp Hobby, the proposed new Federal Security Administrator, for a conference. This conference was finally arranged for February 3, 1953. Attending it were Drs. Bauer, McCormick, Murray, Blasingame, Lull, Howard and Wilson. Our group received a most cordial welcome. General matters pertaining to the Federal Security Agency were explored and ideas exchanged. Mrs. Hobby was asked if she would like to have a committee from the American Medical Association to which she could turn for assistance and cooperation. She replied that she would and asked that we appoint such a committee. It was quite evident, throughout the conference, that cooperation and mutual exchange of ideas would be the order of the day from then on.

Our group left then with the distinct feeling that the door to the Federal Security Agency is wide open to the American Medical Association.

The Board of Trustees later designated the following committee to be of assistance to the Federal Security Agency: Drs. E. L. Henderson, chairman; L. H. Bauer, vice-chairman; Edward J. McCormick, Dwight H. Murray, and F. J. L. Blasingame. Dr. Walter B. Martin was named as an alternate member.

The following day, February 5, Drs. Bauer, McCormick, Murray and Wilson had an opportunity to talk to the President. He, too, was most cordial and a broad discussion of various problems took place. Although our appointment was for thirty minutes, we were there forty-five minutes. We left there, all feeling that medicine has a "friend at court."

The public announcement that the Federal Security Agency is to be raised to the status of an executive department naturally is of great interest to us. I had further correspondence and telephone conversations with Mrs. Hobby and a telephone conversation with the President. As a result of these Dr. Blasingame and I met with the Rockefeller Reorganization Committee on February 18. A general discussion on the medical aspects of the reorganization took place. Following that, I had further telephone conversations with Mr. Rockefeller, and as a result another conference was held with this committee. Those attending from the American Medical Association were Drs. Bauer, McCormick, Murray, Martin, Blasingame, McCarthy, Lull, Howard, and Wilson, and Mr. Steler. This conference took place on February 25.

Some of the officers of the American Medical Association in the meantime had conferred with members of Congress, particularly Senator Taft.

We had been informed that an independent Department of Health or Health Agency would not be proposed. There is a feeling in the administration and in Congress that there are already too many independent agencies and that attempts should be made to reduce rather than expand the number.

It is proposed to change the Federal Security Agency to the Department of Health, Education and Social Security. It will not be departmentalized, but in the Secretary's office there will be a Special Assistant, to the Secretary, for Health and Medical Affairs. All matters pertaining in any way to health or medicine, no matter where in the Department they originate, will have to be cleared through this Special Assistant to the Secretary. In other words, this official will be in charge, under the Secretary, of all health and medical matters in the Department. In addition, this same official will be the representative of the Secretary in all interdepartmental meetings when health is to be discussed, and at all international health meetings. He will also be the Secre-

tary's representative at congressional hearings on health matters pertaining to the Department.

The qualification for the position will be specified as a Doctor of Medicine from non-governmental sources. He will also be the contact between the Department and the American Medical Association, the American Dental Association, the American Hospital Association, the American Public Health Association, and the State and Territorial Health Officers Association.

Details of the reorganization plan, copies of the President's message submitting it and other information have been promised to us for the Special Session of the House on March 14, so that each delegate may have everything in front of him.

The House of Delegates has gone on record several times as desiring a separate Department of Health. Since this proposed plan does not provide for that, but for a plan not heretofore considered, the Board of Trustees did not feel it could take any action, but that the House of Delegates itself should consider the matter and decide what action should be taken by the Association.

Since the matter will in all probability be settled prior to June, it was necessary to call a special session of the House.

LOUIS H. BAUER, M.D.,
President, American Medical Association

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Reorganization Plan No. 1 of 1953

Prepared by the President and transmitted to the Senate and the House of Representatives in Congress assembled, March 12, 1953, pursuant to the provisions of the Reorganization Act of 1949, approved June 20, 1949, as amended.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

Section 1. *Creation of Department: Secretary.*—There is hereby established an executive department, which shall be known as the Department of Health, Education, and Welfare (hereafter in this reorganization plan referred to as the Department). There shall be at the head of the Department a Secretary of Health, Education, and Welfare (hereafter in this reorganization plan referred to as the Secretary), who shall be appointed by the President by and with the advice and consent of the Senate, and who shall receive compensation at the rate now or hereafter prescribed by law for the heads of executive departments. The Department shall be administered under the supervision and direction of the Secretary.

Sec. 2. *Under Secretary and Assistant Secretaries.* There shall be in the Department an Under Secretary of Health, Education, and Welfare and two Assistant Secretaries of Health, Education, and Welfare, each of whom shall be appointed by the President by and with the advice and consent of the Senate, shall perform such functions as the Secretary may prescribe, and shall receive compensation at the rate now or hereafter provided by law for under secretaries and assistant secretaries, respectively, of executive departments. The Under Secretary (or, during the absence or disability of the Under Secretary or in the event of a vacancy in the office of Under Secretary, an Assistant Secretary determined according to such order as the Secretary shall prescribe) shall act as Secretary during the absence or disability of the Secretary or in the event of a vacancy in the office of Secretary.

Sec. 3. *Special Assistant.*—There shall be in the Department a Special Assistant to the Secretary (Health and Medical Affairs) who shall be appointed by the President by and with the advice and consent of the Senate from among persons who are recognized leaders in the medical field with wide non-governmental experience, shall review the health and medical programs of the Department and advise the Secretary with respect to the improvement of such programs and with respect to necessary legislation in the health and medical fields, and shall receive compensation at the rate now or hereafter provided by law for assistant secretaries of executive departments.

Sec. 4. *Commissioner of Social Security.*—There shall be in the Department a Commissioner of Social Security who shall be appointed by the President by and with the advice and consent of the Senate, shall perform such functions concerning social security and public welfare as the Secretary may prescribe, and shall receive compensation at the rate now or hereafter fixed by law for Grade GS-18 of the general schedule established by the Classification Act of 1949, as amended.

Sec. 5. *Transfers to the Department.*—All functions of the Federal Security Administrator are hereby transferred to the Secretary. All agencies of the Federal Security Agency, together with their respective functions, personnel, property, records, and unexpended balances of appropriations, allocations, and other funds (available or to be made available), and all other functions, personnel, property, records, and unexpended balances of appropriations, allocations, and other funds (available or to be made available) of the Federal Security Agency are hereby transferred to the Department.

Sec. 6. *Performance of Functions of the Secretary.* The Secretary may from time to time make such provisions as the Secretary deems appropriate authorizing the performance of any of the functions of the Secretary by any other officer, or by any agency or employee, of the Department.

Sec. 7. *Administrative Services.*—In the interest

of economy and efficiency the Secretary may from time to time establish central administrative services in the fields of procurement, budgeting, accounting, personnel, library, legal, and other services and activities common to the several agencies of the Department; and the Secretary may effect such transfers within the Department of the personnel employed, the property and records used or held, and the funds available for use in connection with such administrative service activities as the Secretary may deem necessary for the conduct of any services so established: *Provided*, That no professional or substantive function vested by law in any officer shall be removed from the jurisdiction of such officer under this section.

Sec. 8. *Abolitions.*—The Federal Security Agency (exclusive of the agencies thereof transferred by section 5 of this reorganization plan), the offices of Federal Security Administrator and Assistant Federal Security Administrator created by Reorganization Plan No. 1 (53 Stat. 1423), the two offices of assistant heads of the Federal Security Agency created by Reorganization Plan No. 2 of 1946 (60 Stat. 1095), and the office of Commissioner for Social Security created by section 701 of the Social Security Act, as amended (64 Stat. 558), are hereby abolished. The Secretary shall make such provisions as may be necessary in order to wind up any outstanding affairs of the Agency and offices abolished by this section which are not otherwise provided for in this reorganization plan.

Sec. 9. *Interim Provisions.*—The President may authorize the persons who immediately prior to the time this reorganization plan takes effect occupy the offices of Federal Security Administrator, Assistant Federal Security Administrator, assistant heads of the Federal Security Agency, and Commissioner for Social Security to act as Secretary, Under Secretary, and Assistant Secretaries of Health, Education, and Welfare and as Commissioner of Social Security, respectively, until those offices are filled by appointment in the manner provided by sections 1, 2, and 4 of this reorganization plan, but not for a period of more than 60 days. While so acting, such persons shall receive compensation at the rates provided by this reorganization plan for the offices the functions of which they perform.

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Position Description

Special Assistant to the Secretary (Health and Medical Affairs), Department of Health, Education and Welfare

The Special Assistant to the Secretary will be the top staff policy adviser to the Secretary with respect to health and medical matters. He will have responsibility for reviewing the health and medical programs throughout the Agency and, where necessary, making recommendations for improvement. On matters of legislative policy where health and medical policies are involved, he will be responsible for making recommendations to the Secretary. This will include review of legislative reports involving health and medical care matters, proposed testimony before congressional committees relating to health and medical care matters, and other related policy statements such as annual reports, etc.

As chief staff policy adviser in the health and medical field, the Special Assistant to the Secretary will represent the Secretary on top level interdepartmental committees concerned with health and medical care matters, such as the Health Resources Advisory Committee to the President. He will have responsibility for liaison on behalf of the Secretary with important non-governmental groups, such as the American Medical Association, the American Dental Association, the American Hospital Association, the American Public Health Association, and the Association of State and Territorial Health Officers. Such liaison will not, of course, supplant liaison by the constituents of the Department but would be broadly representative of the total interests of the Department in the health field. He will, when appropriate, represent the Secretary in making speeches before various groups interested in health and medical problems faced by the Federal Government and particularly by the Department of Health, Education and Welfare.

The Special Assistant to the Secretary will, from time to time, represent the Secretary at various international meetings, such as being a delegate to the World Health Assembly of the World Health Organization, and other major international assignments. Such representation will not, of course, supplant appropriate representation from the Public Health Service, the Children's Bureau and other constituents of the department. The new Department of Health, Education and Welfare will continue to have major and numerous international responsibilities in the field of health as a positive arm of U. S. foreign policy.

As directed by the Secretary, the Special Assistant to the Secretary will see that related health and medical problems arising in any of the various constituents having health or medical care programs are properly coordinated. These constituents are: the Public Health Service, the Social Security Administration (including the Children's Bureau), the Food and Drug Administration, the Office of Vocational Rehabilitation and St. Elizabeth's Hospital. Coordination between related activities of these constituents is a matter of very substantial importance.

In short, the Special Assistant to the Secretary will be the top staff policy adviser to the Secretary on health and medical matters, will represent the

Secretary in important external relationships of the department with national and international bodies concerned with health and medical matters, and will, as needed, coordinate related health and medical programs within the department.

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Letter of Transmittal

To the Congress of the United States:

I transmit herewith Reorganization Plan No. 1 of 1953, prepared in accordance with the provisions of the Reorganization Act of 1949, as amended.

In my message of February 2, 1953, I stated that I would send to the Congress a reorganization plan defining a new administrative status for Federal activities in health, education, and social security. This plan carries out that intention by creating a Department of Health, Education, and Welfare as one of the executive departments of the government and by transferring to it the various units of the Federal Security Agency. The department will be headed by a Secretary of Health, Education, and Welfare, who will be assisted by an Under Secretary and two assistant secretaries.

The purpose of this plan is to improve the administration of the vital health, education, and social security functions now being carried on in the Federal Security Agency by giving them departmental rank. Such action is demanded by the importance and magnitude of these functions, which affect the well-being of millions of our citizens. The programs carried on by the Public Health Service include, for example, the conduct and promotion of research into the prevention and cure of such dangerous ailments as cancer and heart disease. The Public Health Service also administers payments to the states for the support of their health services and for urgently needed hospital construction. The Office of Education collects, analyzes and distributes to school administrators throughout the country information relating to the organization and management of educational systems. Among its other functions is the provision of financial help to school districts burdened by activities of the United States Government. State assistance to the aged, the blind, the totally disabled, and dependent children is heavily supported by grants-in-aid administered through the Social Security Administration. The old age and survivors insurance system and child development and welfare programs are additional responsibilities of that administration. Other offices of the Federal Security Agency are responsible for the conduct of Federal vocational rehabilitation programs and for the enforcement of food and drug laws.

There should be an unremitting effort to improve those health, education and social security programs which have proved their value. I have already recommended the expansion of the social security system to cover persons not now protected, the continuation of assistance to school districts whose population has been greatly increased by the expansion of defense activities, and the strengthening of our food and drug laws.

But good intent and high purpose are not enough; all such programs depend for their success upon efficient, responsible administration. I have recently taken action to assure that the Federal Security Administrator's views are given proper consideration in executive councils by inviting her to attend meetings of the Cabinet. Now the establishment of the new department provided for in Reorganization Plan No. 1 of 1953 will give the needed additional assurance that these matters will receive the full consideration they deserve in the whole operation of the government.

This need has long been recognized. In 1923, President Harding proposed a Department of Education and Welfare, which was also to include health functions. In 1924, the Joint Committee on Reorganization recommended a new department similar to that suggested by President Harding. In 1932, one of President Hoover's reorganization proposals called for the concentration of health, education and recreational activities in a single executive department. The President's Committee on Administrative Management in 1937 recommended the placing of health, education and social security functions in a Department of Social Welfare. This recommendation was partially implemented in 1939 by the creation of the Federal Security Agency—by which action the Congress indicated its approval of the grouping of these functions in a single agency. A new department could not be proposed at that time because the Reorganization Act of 1939 prohibited the creation of additional executive departments. In 1949, the Commission on Organization of the Executive Branch of the Government proposed the creation of a department for social security and education.

The present plan will make it possible to give the officials directing the department titles indicative of their responsibilities and salaries comparable to those received by their counterparts in other executive departments. As the Under Secretary of an executive department, the Secretary's principal assistant will be better equipped to give leadership in the department's organization and management activities, for which he will be primarily responsible. The plan opens the way to further administrative improvement by authorizing the Secretary to centralize services and activities common to the several agencies of the department. It also establishes a uniform method of appointment for the heads of the three major constituent agencies. At present, the Surgeon General and the Commissioner of Education are ap-

pointed by the President and confirmed by the Senate, while the Commissioner for Social Security is appointed by the Federal Security Administrator. Hereafter, all three will be Presidential appointees subject to Senate confirmation.

I believe, and this plan reflects my conviction, that these several fields of Federal activity should continue within the framework of a single department. The plan at the same time assures that the Office of Education and the Public Health Service retain the professional and substantive responsibilities vested by law in those agencies or in their heads. The Surgeon General, the Commissioner of Education and the Commissioner of Social Security will all have direct access to the Secretary.

There should be in the department an Advisory Committee on Education, made up of persons chosen by the Secretary from outside the Federal Government, which would advise the Secretary with respect to the educational programs of the department. I recommend the enactment of legislation authorizing the defrayal of the expenses of this committee. The creation of such a committee as an advisory body to the Secretary will help ensure the maintenance of responsibility for the public educational system in state and local governments while preserving the national interest in education through appropriate federal action.

After investigation I have found and hereby declare that each reorganization included in Reorganization Plan No. 1 of 1953 is necessary to accomplish one or more of the purposes set forth in section 2(a) of the Reorganization Act of 1949, as amended. I have also found and hereby declare that by reason of these reorganizations, it is necessary to include in the reorganization plan provisions for the appointment and compensation of the new officers specified in sections 1, 2, 3, and 4 of the reorganization plan. The rates of compensation fixed for these officers are, respectively, those which I have found to prevail in respect of comparable officers in the executive branch of the government.

Although the effecting of the reorganizations provided for in the reorganization plan will not in itself result in immediate savings, the improvement achieved in administration will in the future allow the performance of necessary services at greater savings than present operations would permit. An itemization of these savings in advance of actual experience is not practicable.

DWIGHT D. EISENHOWER

The White House, March 12, 1953.

Report of A.M.A. Board of Trustees

Presented by Dwight H. Murray, M.D., Chairman, March 14, 1953

The House of Delegates of the American Medical Association has for nearly 80 years been on record as favoring an independent Department of Health in the Federal government. The reason for this stand has been that the House has felt that health and medicine should be given a status commensurate with their dignity and importance in the lives of the American people, and that they should be completely divorced from any political considerations.

The Board of Trustees, after a careful study of the policy of the American Medical Association with respect to the administration of health activities in the Executive Branch of the government and after studying the Reorganization Plan for elevation of the Federal Security Agency to Cabinet status submitted by President Eisenhower to the Congress, finds that Reorganization Plan No. 1 of 1953 provides for a Special Assistant, to the Secretary, for Health and Medical Affairs. This provision is a step in the right direction which should result in centralized coordination under a leader in the medical field of the health activities of the proposed department. Health, therefore, is given a special position. The proposed plan, properly administered, will permit more effective coordination and administration of the health activities of the new department without interference or control by other branches.

Previous attempts to raise the Federal Security Agency from an independent agency to the level of an Executive Department have been opposed by the Association because the plan did not meet these aims.

Inasmuch as Federal health benefits and programs are established by the Congress, an administration bent on achieving the nationalization of medicine cannot reach that goal except with the support of Congress. Therefore, an organizational plan through which Federal health activities are administered, although important, is not nearly so vital an issue as the policies adopted by the Congress.

The Board of Trustees recommends that the House of Delegates reaffirm its stand in favor of an independent Department of Health but that it support the Reorganization Plan No. 1 of 1953 as being a step in the right direction; that the American Medical Association cooperate in making the plan successful and that it watch its development with great care and interest.

It should be understood, however, that the Association reserves the right to make recommendations for amendment of the then existing law and to continue to press for the establishment of an independent Department of Health, if the present plan does not, after a sufficient length of time for development, result in proper advancement in and protection of health and medical science and in their freedom from political control.

The Treatment of Cancer with "Laetriles"

A Report by the Cancer Commission of the California Medical Association

THE INFORMATION that a new agent designated as Laetrile was being advocated for the treatment of cancer first came to the officers of the Cancer Commission of the California Medical Association in the form of inquiries from a number of magazines with national circulation in September 1952. Within the next several weeks following these original inquiries, information was sought by representatives of the major news services and by a majority of the metropolitan daily newspapers in California, usually through the science editors of these newspapers. In one instance we are informed a list of patients was given to a newspaper by a physician, who invited the representative of the newspaper to interview and photograph the patients at their homes as examples of the dramatic results of Laetrile treatment. The need for a thorough study of the claims which were being made finally became apparent when a member of the attending staff of the Los Angeles County Hospital requested permission for the investigational use of Laetrile in cancer in that institution. The request was originally presented to the tumor board of the Los Angeles County Hospital and was denied, but subsequently limited permission for the trial use of Laetrile in the hospital, upon patients informed and assenting, was obtained through another committee of the hospital.

1. *Nature of the treatment method.* Laetrile is supposed to affect malignant neoplasms by "focally triggering off lethal quantities of nascent hydrogen cyanide." The term Laetrile is derived from the fact that the chemical is a laevo-rotary-nitrile. It is claimed that this type of therapy was first used in human cancer by Ernst T. Krebs, Sr., shortly after 1920, when "substantial clinical results" were obtained from the use of a beta-cyanogenetic glucoside named amygdalin. Amygdalin is readily obtained as an extract of apricot pits.

The claim made during 1952 by Mr. Ernst T. Krebs, Jr., was that he had synthesized a new Laetrile designated roughly as beta-cyanophoric-glucuroniside which, in the presence of an enzyme, beta-glucuronidase, released quantities of nascent hydrogen cyanide. As a significant number of cancers previously have been demonstrated to develop greater amounts of beta-glucuronidase than most non-neoplastic tissues, it was maintained that the "triggering" effect of the glucuronidase on the Laetrile in cancer could produce release of free HCN in such amount as to be lethal for the cancer cell with some degree of specificity. The fact that a margin of safety exists is maintained to be due to the excess of the enzyme beta-glucuronidase in cancerous tissue.

Subsequent to our first acquaintance with the stated chemical formula of this synthetic Laetrile, Mr. Krebs has stated that related synthetic Laetriles have been developed, and he now refers to the product offered for clinical use as "Laetriles."

In addition to the foregoing sort of chemical theory offered by the proponents of this preparation they state that the fundamental biologic rationale for Laetrile therapy derives from a unitarian or trophoblastic theory of cancer, concerning which doctrine Krebs *et al.* have previously published a long treatise. So emphatic is their conviction, that Mr. Krebs has stated in correspondence that no physician should use Laetrile who does not subscribe wholeheartedly to the unitarian theory of the genesis of cancer, and that no physician can use Laetrile intelligently unless he is indoctrinated in this theory.

2. *Proponents of Laetrile treatment.* Chief claimant to the development of synthetic Laetrile is Mr. E. T. Krebs, Jr., who designates himself as a research biochemist. Associated with him is his father, Ernst T. Krebs, Sr., M.D., of San Francisco, and B. A. Krebs, D.O. Laetrile and other drugs are produced and distributed by the John Beard Memorial Foundation, organized by the Krebs and in honor of a Scottish anatomist who is said to be the originator of the unitarian theory of cancer. There are actually two John Beard Memorial Foundations, one of which is incorporated as a non-profit affair, while the other is just a "foundation."* In past years the Krebs have produced and advocated another agent for the treatment of cancer, chymotrypsin. Chymotrypsin was also said to derive its rationale in cancer from the unitarian theory of Beard, and although chymotrypsin has been quite discredited as having any effect on cancer, it is still sold and used in a limited fashion both for cancer, and for such other purposes as dissolution of blood clots in cerebral and other thromboses.

Mr. Krebs also claims to have synthesized "vitamin B_{15}," which is advocated for use in arthritis and cardiovascular disease. Various other esoteric products are distributed by the John Beard Memorial Foundation, concerning which the Cancer Commission has little or no information.

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* Note: The addresses of the two "John Beard Memorial Foundations" in San Francisco are, respectively, 642 Capp Street and 1095 Market Street. These foundations are not connected. There is also the "Krebs Research Foundation of Los Angeles," and the "Butterworth Cancer Research Grants, Inc., Los Angeles." The latter was founded by Mr. Bert Butterworth, publisher and editor of *West Coast Druggist*, with offices at 1606 N. Highland Avenue, Hollywood. The founders are Mr. A. A. Butterworth, Mrs. A. A. Butterworth, and Mr. A. W. Butterworth.

3. *Experimental evidence offered.* No satisfactory experimental evidence has been provided. Mr. Krebs states that he has demonstrated *in vitro* the triggering action of "tumor glucuronidase" on Laetrile to release nascent HCN. The Secretary of the Cancer Commission visited Dr. Ernst T. Krebs, Sr., in an attempt to obtain definitive information concerning experimental work, including toxicity tests and any available data concerning the use of Laetrile in experimental neoplasms. Dr. Krebs stated that limited trials of toxicity in laboratory animals had been performed with satisfactory results, but that the animals had been destroyed, as had the records of these trials. Dr. Krebs stated, in conversation with the Chairman of the Cancer Commission, that following demonstration of the above *in vitro* phenomenon, and satisfactory tests for toxicity, there was no point in using the agent on experimental neoplasms and that he preferred to see the agent used forthwith in human cancer.

4. *Clinical evidence offered by proponents of Laetrile.* A verbal report of the effect of Laetrile on several cases of human cancer was offered to the Secretary of the Cancer Commission by Dr. Krebs, Sr. One of these supposedly dramatic clinical situations will be representative. The story concerned a young man with a "huge cancer of the sigmoid and obstruction" (according to Dr. Krebs). The patient was "critically ill." Dr. Krebs stated that within a few minutes of administering the first dose of Laetrile the patient "could feel the action of the drug in the cancer and had a bowel movement with dramatic relief of his obstruction." Inquiry revealed that the patient had been in the Stanford University Hospital eight years previously with diffuse polyposis of the colon and rectum; he refused surgery. Two years previously he was found to have rectal carcinoma and again refused surgery. Two weeks before going to Dr. Krebs he was found by clinical and x-ray examination to have extensive rectal cancer, plus the diffuse polyposis coli, but absolutely *no* obstruction!

5. *Autopsy data offered by proponents of Laetrile.* None.

6. *Experimental evidence developed by the Cancer Commission and independent investigators.* At one medical center in Southern California an experienced experimentalist and pathologist in cancer tested Laetrile in a small group of A-mice carrying C-1300 neuroblastoma, giving 3 to 4 times the dosage employed in patients on a weight for weight basis. A similar number of control animals were used under appropriate conditions. There was no recognizable effect, gross or microscopic. The final observations were made in mice in which the neoplasms became so large under treatment with Laetrile that they were autopsied shortly before the progression of the tumor would have produced their death. It should be noted that the C-1300 neuroblastoma is a very labile neoplasm, easily controllable by a single dose of 500 roentgens of x-radiation or by one milligram per kilogram of nitrogen mustard.

A supply of Laetrile was submitted to Dr. A. P. Rinfret of the department of chemistry of Stanford University, and on January 23, 1953, Dr. C. Griffin of that department submitted the following report:

> Initially we attempted to find out how much of the preparation laboratory mice could be injected with. Two or four mg. injections had no apparent ill effects on Swiss mice. Thirty dba line 2 mice were inoculated with acute lymphatic leukemia. Two days after the tumor inoculation half of these animals were given daily injections (s.c. 2 mg. per day, the Laetrile was dissolved in saline such that 1 cc. contained 10 mg.). The remaining animals were maintained as tumor controls. All of the controls died in the period from 11 to 13 days following the tumor inoculation. Two of the Laetrile treated animals died before the 10th day, presumably from the drug itself, and the remaining animals all died between the 11th and 13th days. From this single observation involving an acute leukemia, the Laetrile exerted no effect whatsoever on the course of the disease.
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> At the present time we are injecting Laetrile into mice bearing ear tumors. Daily injections have been made for the past four weeks. At this time it would not appear that the drug has altered the course of these skin tumors. One other point may be worthy of mention. We were informed that the brown bottles contained 50 mg. of Laetrile while actually we observed that these vials contained from 25 to 35 mg. of this drug as determined by weighing on our analytical balances. A further report will be made when more data have been obtained.

John B. Field, M.D., who conducts a project in experimental screening of potential chemotherapeutic agents at U.S.C., reported as follows:

> Laetrile was studied in the cancer screening program of this department. When given at a level of 500 mg./kilogram to mice with implanted Crocker sarcoma 180, no inhibition of tumor size was obtained. This is in distinct contrast to the marked inhibition obtained in this tumor with doses of triethylene melamine at a level of .75 mg./kilo and with amethopterin at a dose of 1.5 mg./kilo.
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> TOXICITY STUDIES
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> The Laetrile was dissolved in saline solution and given by stomach tube to mice and found to be safe at all doses below 300 mg./kilo. However, at all oral levels of 400 mg./kilo and higher, the animals expired. Deaths were relatively in a matter of minutes with 500 mg. or higher and a matter of approximately one hour at 400 mg./kilo.

7. *Clinical evidence discovered by the Cancer Commission.* Following the initiation of the use of Laetrile at the Los Angeles County Hospital by a member of its staff, the Tumor Board and the Research Committee of the hospital decided, with the approval of the administration, that the extraordinary claims which were being made for the agent could best be either verified or disproved by a carefully controlled clinical investigation. The Tumor Board appointed a group from its Committee on

TABLE 1.—*Treatment of Cancer with Laetriles. Summary, January, 1953.*

Total patients treated		44
Alive—no evidence of cancer		1*
Alive—with cancer		17
Static	6	
Progressive	8	
Terminal	3	
Untraced with disease at last note		7
Dead		19
Autopsies	9	

* Pre-invasive carcinoma uterine cervix, biopsy diagnosis; "post-treatment" biopsy failed to show the lesion. Microscopic sections not available.

Chemotherapeutic Agents to set up and direct the investigation, the group consisting of a clinician with special experience and interest in cancer therapy, a tumor pathologist, a biochemist and a senior resident. A substantial grant was obtained from a private foundation for the support of the investigation. The proposal was to treat a series of some 30 to 50 patients over a period of six months and to follow these patients carefully over a further period of six months, recognizing that while the true effectiveness of a therapeutic agent for cancer can only be determined by long range observations over a period of years, the initial response and short term follow-up will serve to indicate whether or not an agent is worthy of further trial.

The clinician in charge of the proposed investigation at the Los Angeles County Hospital then began a frustrating experience in an attempt to obtain the promised supply of Laetrile. By this time a "foundation" had been set up in Los Angeles by the Krebs, which organization they designated as the Crabtree Research Foundation, with a Mr. C. W. Wylie as business manager. Although Laetrile was being freely issued to certain physicians for use in their offices for the treatment of cancer, Mr. Wylie and Mr. Krebs offered repeated and various excuses why Laetrile could not be furnished for the hospital investigation. Over a period of several weeks repeated assurances were given that Laetrile would be made available. Finally a communication was received in which a set of criteria was set forth, the observance of which would result in a supply of Laetrile becoming available. Most of the criteria were acceptable and conformed with good practice in pursuing a clinical investigation, but one demand was that a physician who is not a member of the attending staff of the hospital, Dr. Clifford L. Bartlett of Pasadena, be placed in charge of the investigation. The medical director of the hospital properly replied that such a demand could not be complied with, and emphasized the fact that such an investigation should be carried out by completely unbiased workers. Shortly thereafter a communication was received from Dr. Bartlett in which he undertook to notify officially the Los Angeles County Hospital that the use of Laetrile was being denied the hospital, and implied that the proposed investigation was set up with the intent of discrediting the agent. In this letter Dr. Bartlett also implied that he had done the original developmental work with Laetrile together with a biochemist, and that later the Krebs had entered the picture.

With this avenue of direct investigation thus closed, the Cancer Commission undertook to obtain information as to the clinical course of patients under treatment. On November 6, 1952, the chairman of the Cancer Commission, by invitation, reviewed a group of eight patients under treatment with Laetrile for cancer by various physicians at a sanitarium in Santa Monica. Six other patients had begun treatment with Laetrile at the Los Angeles County Hospital as described above. From these and other sources the Commission has been able to collect information on a total of 44 patients as listed in Table 2. All of the patients were treated by physicians in Southern California except two reported by Ernst T. Krebs, Sr., M.D., and one by a urologist in New Jersey.

In Table 1 is summarized the follow-up as far as it has been obtainable as of January, 1953. The information thus recorded constitutes proof that *no objective benefit* has been realized by the use of this agent in cancer. The clinical observations of several members of the Cancer Commission who have reviewed the information collected, and in some instances had an opportunity of seeing the patients thus treated, indicate that Laetrile may exert a temporary metabolic effect, probably on nitrogen metabolism. Thus some of the patients have an increase in sense of well being and appetite, and temporary gain in weight of the sort that is frequently observed with the use of any of a number of nonspecific agents. Claims have been made that Laetrile produces relief of pain in cancer, but this observation has not been verified.

Interviewing the claims which have been made for the effectiveness of Laetrile in cancer, observers for the Commission have been impressed by the fact that in almost every instance the alleged therapeutic results were ascribable to other factors. Most of the alleged improvement occurring with Laetrile was associated with one or more of the following events in the patient's disease:

(a) Subjective improvement was interpreted as being evidence of the agent's affecting the neoplasm, rather than being due to the general effect on the host, whether by metabolic or psychologic reasons. Thus, all of the physicians whose patients were reviewed spoke of increase in the sense of well being and appetite, gain in weight and decrease in pain, as though these observations constituted evidence of definitive therapeutic effect. Several patients were seen with

objective evidence of progressive neoplastic disease, two of whom came to autopsy within several weeks of their treatment with Laetrile, and yet their subjective response of increased intake of food, or the development of a euphoric mood, or some slight reduction in their use of narcotics, was accepted as objective evidence of improvement under treatment.

(b) Phases in the natural history of malignant neoplasm not infrequently observed in patients who are receiving no treatment whatever were interpreted as being due to the therapy employed. Thus a woman on exploratory laparotomy was found to have a bulky ovarian carcinoma with extensive peritoneal implants. Shortly after this surgical procedure, at which nothing more than biopsy for confirmation of the diagnoses was done, she began treatment with Laetrile. Her subsequent improvement generally, the failure of the ascites to recur, and the fact that she became ambulatory and fairly active, were interpreted as therapeutic effect. It is common knowledge among clinicians of experience that occasional patients with widespread peritoneal carcinomatosis will exhibit remarkable spontaneous arrest, or even regression of their disease following simple exploratory procedures. The same observation has been made in patients explored with the finding of extensive tuberculous abdominal lesions.

(c) Most often the patients reported as showing regression of cancer with Laetrile were either receiving concurrent treatment by other methods, or had in their recent past been treated by some more conventional techniques and were exhibiting a degree of control of their disease entirely attributable to the previous treatment. An example of a situation of this sort was illustrated by a man who was presented to a member of the Commission as being a dramatic example of control of bronchogenic carcinoma, with metastases, by Laetrile. Serial roentgenograms were shown of a patient who had a left pulmonary apical lesion, with enlarged left supraclavicular nodes, biopsy of one of which had shown metastatic carcinoma compatible with a primary bronchogenic lesion. Over a period of some three months, during which time he had had treatment first with chymotrypsin, and then with Laetrile, the roentgenograms showed almost complete regression of the pulmonary lesion. When the patient was examined there was noted a residual erythema and early tanning of the skin over a rectangular area which lay directly over the pulmonary lesion, and extended upward over the supraclavicular area. Inquiry revealed that the patient had, some six weeks previously, completed a full course of high voltage x-ray therapy, but the physician who had employed the Laetrile was unaware that the radiation had been directed toward the pulmonary lesion, thinking that anatomically the field had covered only the lymphnodal metastases.

(d) A few of the patients treated did not have proof of the presence of cancer in the form of histological diagnoses, the evidence being more or less inferential, as radiographic observation of lesions in the lung, or a surgeon's diagnosis of a lesion as cancerous on observations of gross pathology at operation, without confirmation with biopsy.

(e) Very few of the clinical records to which the Cancer Commission has had access contain any sort of satisfactory evidence as to objective, accurate evaluation of the progress of the primary neoplasm or its metastases while under treatment. In the instance of accessible lesions there was no record of any actual measurement of the presenting neoplasm.

TABLE 2.—*Clinical Summary—Laetrile.*

No. and Diagnosis	Present Status	Autopsy
1. Multiple myeloma	Alive with disease	
2. Squamous ca. lt. antrum	Alive with disease	
3. Not recorded	Active disease	
4. Adenoca. of ovary with metastases	Terminal	
5. Ca. of the vulva	Progressive disease	
6. Pulmonary and skeletal metastases	Progressive disease	
7. Adenoca. of ascending colon, Gr. III with metastases	Not known	
8. Melanoma—primary in scalp	Progressive disease	
9. Adenoca. of lt. breast, Gr. III with metastatic adenoca. of axillary nodes Cystic adenoca. of the ovary	Bedridden	
10. Ca. of right ovary	Alive with disease	
11. Metastatic tumor causing obstruction rt. kidney	Progressive disease	
12. Multiple myeloma	Active disease	
13. Ca. rt. breast, Gr. III	Progressive disease	
14. Papillary serous cyst-adenoca. Gr. II, lt. ovary with extensive metastases	Not known	
15. Testicular tumor	Died	Yes
16. Neoplasm involving entire stomach with extensive metastases	Unimproved	
17. Papillary epidermoid ca. low grade, gingiva	Active disease	
18. Squamous epithelioma, primary lt. lung upper lobe, with metastases	Alive with disease	
19. Postop. adenoca. rt. breast, Gr. IV	Alive with disease	
20. Preinvasive epidermoid ca. of uterus	Well	
21. Infiltrating epidermoid ca., Gr. II-III, uterine cervix, Gr. IV	Alive with disease	
22. Hypernephroma with metastases	Died	No
23. Metastatic ca.—primary in ovary	Died	No
24. Ca. of rectum	No change	
25. Ca. of colon	No change	
26. Ca. of lung	Bedridden	
27. Ca. of bladder	Progressive disease	
28. Metastatic ca. of liver	Died	Yes
29. Reticulum cell lymphosarcoma	Died	Yes
30. Gastric carcinoma	Died	Yes
31. Ca. of breast	Died	Yes
32. Ca. of colon	Died	Yes
33. Ca. of cervix uteri	Died	Yes
34. Ca. of pancreas	Died	Yes
35. Teratoma of testis	Died	Yes
36. Ca. of breast	Died	No
37. Ca. of breast	Died	No
38. Leukemia	Died	No
39. Invasive ca. of uterus	Died	No
40. Adenoca. rt. alveolar ridge, massive neck metastases	Died	No
41. Ca. of breast, metastases	Died	No
42. Sq. cell ca. rt. lung	Died	No
43. Anaplastic adenoca., primary site unknown	Died	No
44. Generalized carcinomatosis of abdomen	Not known	

In short, the clinical observations offered on the course of patients treated with Laetrile are all too frequently distorted by a lack of appreciation of the natural history of cancer on the part of the physician using the agent. This is not to say that the physicians in such a situation are not without ability in their own field. An internist, however, may

have little knowledge of the natural history, and response to treatment, of some forms of gynecologic or urologic cancer. Generally there has also been a failure to differentiate between subjective and objective response, and specific and non-specific effects of treatment.

One further example of an unwarranted claim for this agent is the instance of a patient who was treated for a preinvasive carcinoma of the uterine cervix. The reported observation of carcinoma *in situ* being present in the pre-treatment biopsies, is of no possible significance. It is known that carcinoma *in situ*, particularly in the uterine cervix, is capable of undergoing spontaneous regression. Further, it has been established repeatedly that occasional women showing this lesion on biopsy will come to total hysterectomy, and the pathologist will be unable to find further malignant change in the surgical specimen even with a large number of serial sections of the cervix. Finally the differentiation between atypical epithelial hyperplasia and actual preinvasive carcinoma may be a debatable issue in some instances, and the Commission has not had an opportunity to have the sections in this particular case reviewed.

8. *Autopsy data reviewed by the Cancer Commission.* Adequate information in the instance of six autopsies of patients treated for cancer with Laetrile and microscopic sections of the neoplasm were obtainable for review in nine cases. The material from six of these autopsies was collected at one time, wet tissue was obtained from the pathologist who did the autopsies, and sets of microscopic sections were prepared for review. The cases so collected at this time appear in Table 2 as Numbers 28 to 33 inclusive. This material was sent to three consultants who have had particular experience and interest in tumor pathology, Louisa E. Keasbey, M.D., John W. Budd, M.D., and J. L. Zundell, M.D. Subsequently microscopic sections were obtained from autopsies done in three additional cases appearing in Table 2 as Numbers 13, 34 and 35. Two of these latter cases were reviewed for the Commission by Weldon K. Bullock, M.D. and the other by A. R. Camero, M.D. In addition, the sections from the original group of six autopsied patients were submitted to Fred W. Stewart, pathologist to the Memorial Center for Cancer and Allied Diseases in New York.

The unanimous opinion of these consultants was that in no instance could any recognizable effect of a chemotherapeutic agent be observed in the histology of these various neoplasms. Some of the proponents of Laetrile had reported microscopic observations in the form of necrosis and hemorrhage in some instances, and sclerosis in others, which they interpreted as being the result of specific action of Laetrile on the neoplasm. Although both of these changes were observed by the consultants in a number of the cases studied, such changes in each instance were entirely consistent with vascular changes, necrosis and stromal sclerosis regularly seen in such neoplasms, both treated and untreated. Even in those cases showing considerable necrosis, particularly in hepatic metastases, there were invariably large areas of well preserved and viable tumor tissue. No evidence of cytotoxic changes was observed by any of the consultants. Dr. Fred W. Stewart reported, "I don't see anything in any of these cases that is the least bit suggestive of treatment effect, nor do I see anything that is foreign in appearance to appearances at autopsy of any cases of the corresponding type."

9. *Consultants' reports.* As outlined under Item 1 of this report the claim by Krebs and his associates for the possible value of the Laetriles in the treatment of cancer was based on the concept that an excess of the enzyme beta-glucuronidase in cancer tissue acted as a focal trigger mechanism in producing the release of free HCN from the Laetriles, and thus there might be a specificity of parenterally administered Laetrile on foci of cancer in the host. In a copy of a manuscript written by Ernst T. Krebs, Jr. *et al*, presumably for publication, the following statements are made:

(a) That the natural nitriles as obtained from apricot pits are beta-cyanophoric glucosides, that these natural glucosides were used by Krebs Sr. in the early '20s of this century with "substantial clinical results" due to the presence of a "beta-cyanogenetic glucoside (amygdalin)."

(b) The claim of Krebs Jr. that he has synthesized a laetrile which he designates as a beta-cyanophoric glucuronoside. The manuscript states that "the natural laetriles have been abandoned for the more specific synthetic laetrile tailored as specific glucuronosidic substrates for the tumor beta-glucuronidase." The manuscript also states that the synthetic laetrile has the advantage of being a smaller molecule with less possibility of proving antigenically or otherwise reactive.

It seemed essential, therefore, to obtain expert opinion as to the theoretical basis for this supposed action, and to obtain an analysis of the product distributed by Krebs as Laetrile.

The opinion of Dr. Jesse P. Greenstein, chief of the laboratory of biochemistry at the National Cancer Institute was obtained in respect to the distribution of beta-glucuronidase in neoplastic and non-neoplastic tissues, and as to the implication that there was a "tumor" beta-glucuronidase enzyme. The fact is, reported Doctor Greenstein, that beta-glucuronidase is found in all tissues of the animal body and in particularly high concentration in spleen, liver and endocrine organs, as well as in plasma and in tumors arising from estrogen influenced tissues. Per gram of tissue the spleen and liver have a higher concentration of beta-glucuronidase than do

most tumors, and these normal organs together weigh far more than most tumors. In other words, there is much more "normal" beta-glucuronidase than "tumor" beta-glucuronidase in any animal body.*

For analysis samples of Laetrile were submitted to the chemical laboratory of the American Medical Association, in the form of a box of four ampules containing a white crystalline powder and labelled as Laetrile. Comparison of this material was carried out by various chemical methods with a sample of amygdalin purchased on the open market. Comparison was also made between the two materials by ultra-violet absorption spectra. The conclusion of this analysis and comparative study was that the Laetrile tested was essentially amygdalin with a small amount of other material present.

An analysis on samples submitted as Laetrile is being done by John W. Mehl, M.D., professor of biochemistry at the University of Southern California. A preliminary report was submitted by Dr. Mehl on February 27, 1953, as follows:

> We have tested the material for the presence of carboxyl groups, which must be present in a *glucuronoside*. The amount is so small that this could constitute only about 1 per cent of the total material. I would conclude that the material, if a glycoside, is probably a glucoside as suggested by the examinations of others.
>
> I also made an attempt to hydrolyze the material with beta-glucuronidase, and to collect any evolved HCN by inserting a wick of filter paper which had been moistened with dilate NaOH in the stopper. After 48 hours at 25° C, no HCN was detectable by the alkaline picrate test, carried out as a spot test.
>
> These results are inconclusive, and will be extended, but they do not support the claims made for Laetrile.

10. *General comments.* The efforts of the Cancer Commission to develop information concerning the Krebs and their various foundations, the distribution of Laetrile and its use by a number of physicians have been attended by a constant series of conflicting statements, claims being made and then denied, supplies of Laetrile repeatedly being promised for clinical or experimental use and eventually refused, and above all repeated implications that the intent of the Cancer Commission was only to discredit out of hand this proposed treatment for cancer. In one of a series of long communications Mr. Krebs remarked "it is extremely unlikely that any paper describing positive findings for Laetrile could achieve early publication in J.A.M.A., though it is virtually a certainty that a paper describing no results would find ready acceptance." At times Mr. Krebs has said that he makes no claim for any established value of Laetriles in cancer, at other times he describes the remarkable results obtained—offering as supportive evidence the sort of necrosis referred to in the description of the autopsy material in this report. Mr. Krebs also wrote to the Cancer Commission maintaining that "during the past 50 years a number of terminal cancer patients have recovered as the result of the use of either trypsin or chymotrypsin." Dr. Krebs, Sr., however, when pressed by the secretary of the Cancer Commission, stated that he could not produce any examples of cancer control by chymotrypsin.

In further communication with the Commission, Mr. Krebs wrote to outline his ideas of how a clinical project should be set up to evaluate the efficiency of a treatment for cancer, and wrote that they had criteria other than that of tumefaction by which they evaluated Laetrile therapy.

Their preferred criteria as listed were: (1) Decrease in pain, (2) Increase in appetite, (3) Increase in weight, (4) Increase in muscular strength and general sense of well-being, (5) Decrease in sedimentation rate, (6) Some decrease in tumefaction, (7) Increase in life expectancy, (8) Histological changes, (9) Necrotic involution and (10) Intense local reaction in the primary and secondary lesions.

When information reached Mr. Krebs that preliminary results of the analysis of Laetrile being done at the A.M.A. chemical laboratory indicated that only amygdalin was present, he began a new round of correspondence to remind his group and the Commission that he had always said that the natural laetrile, or amygdalin, was part of the "remedy," and gave more emphasis to his previous statements that he did not maintain that laetrile was necessarily an effective treatment for cancer.

The financial background of the production and distribution of Laetrile has naturally been of some interest to investigators. Krebs maintains that the development of the agent has been extremely costly, while some of the physicians who have been using the material in private practice have maintained that their charges have been modest indeed. The Commission has a witnessed statement from a patient who visited one of these physicians to discuss treatment of his Hodgkin's disease with Laetrile. The patient's statement certifies that he was advised to try one week of treatment, during which three injections of Laetrile would be given at a cost of $50.00 each. In addition, three injections of vitamins would also be given, presumably the so-called Vitamin B_{15}, also manufactured by Krebs, and the cost of this would be $10 each time. Thus the trial period of one week's treatment would cost this patient, a young man with modest income, a total of $180. One of the physicians using Laetrile has informed the Commission that it is supplied to him by Krebs at the cost of $10 per ampule, and the Vitamin B_{15} at a cost of $3 per ampule.

* Dr. Greenstein writes in a letter dated November 10, 1952: "Such a statement as. . .'the malignant cell . . . is virtually an island surrounded by a sea of beta-glucuronidase' is sheer nonsense."

In one instance of a patient with an operable gingival carcinoma under treatment with Laetrile, three requests were made for serial biopsies of the lesion while under treatment, as a pre-treatment biopsy was already in our possession. Repeated assurances were given us that biopsies would be obtained. We offered to assist in any way desired, but no material was received.

11. *Conclusions of the Commission.* Laetriles have been advocated for the treatment of cancer on the basis of the following claims:

(a) That one or more synthetic laetriles have been synthesized.

(b) That in the presence of the enzyme beta-glucuronidase, supposedly present in excess in cancer tissue, a chemical reaction occurs resulting in the liberation of nascent HCN.

(c) That the HCN thus produced has, at least to some extent, a selective cytotoxic effect on the cancer cell.

The evidence accumulated by the Cancer Commission and its consultants indicates the following defects in these claims, in the following order:

(a) Chemical analyses done independently for the Commission have identified in the product distributed as Laetrile only the presence of a natural laetrile termed amygdalin.

(b) The enzyme beta-glucuronidase, while present in some excess in some types of cancer, is also present in similar concentrations in normal tissue such as liver and spleen. In fact, the total amount of beta-glucuronidase present in normal tissues in almost any cancer patient considerably exceeds that which is present in neoplastic tissue.

(c) No satisfactory evidence has been produced to indicate any significant cytotoxic effect of Laetrile on the cancer cell.

The Commission has collected information concerning 44 patients treated with Laetrile, all of whom either have active disease or are dead of their disease, with one exception. Of those alive with disease, no patient has been found with objective evidence of control of cancer under treatment with Laetriles alone.

Nine patients dying from cancer after treatment with Laetrile have been autopsied, and histological studies done for the Commission by five different pathologists have shown no evidence of any chemotherapeutic effect.

In two independent studies by experienced research workers, Laetrile has been completely ineffective when used in large doses on cancer in laboratory animals, in lesions which are readily influenced by useful chemotherapy.

The American Cancer Society: What It Is; What It Does

THE AMERICAN CANCER SOCIETY, which will conduct its annual educational and fund raising crusade during the month of April, is the only voluntary agency operating throughout California with a program of cancer research, education and service. It receives no funds from the government fisc but is supported entirely by donations from the public.

The Cancer Society has official approval of the California Medical Association and of the county medical societies in the areas in which it is active. It has branches in 34 counties of California and informal county committee organizations in twelve others.

Members of the Cancer Commission of the California Medical Association automatically are elected to concurrent membership on the board of directors of the California division of the society. Members of County Medical Society cancer committees also serve automatically on the boards of directors of the various Cancer Society branches.

During the past year the society joined with the Cancer Commission in arranging 31 Cancer Conferences for the medical societies of counties remote from medical teaching centers. The society also gave financial assistance to 60 consultative tumor boards which were approved by the Cancer Commission.

In addition to providing speakers and films for professional meetings, the society sends *CA: A Bulletin of Cancer Progress* to 4,300 California physicians in general practice who have requested it. Each year it distributes at least one monograph, written by a recognized authority, without charge to all physicians in the state. Two were issued last year, covering the subjects of cancer of the esophagus and stomach and malignant lymphomas and leukemias.

The society's principal effort, however, is in the fields of cancer research and general public education. Its program of public education reaches an annual peak in April, which is proclaimed nationally as Cancer Control Month. During this period the society endeavors to impress upon millions of Americans the seven danger signals of cancer and the need for prompt recognition and treatment of the disease.

The funds it collects are used also to maintain a research program which is the backbone of the society's activities. Some of the most important phases of this research program are being carried out in the institutions of this state.

The society invites the cooperation of all physicians in its activities, not only during the period of the fund-raising drive but throughout the year. It particularly urges them to participate as speakers in its public education campaign.

Council Meeting Minutes

Tentative Draft: Minutes of the 397th and 398th Meetings of the Council of the California Medical Association.

397th Meeting

The meeting was called to order in the Golden Empire Room of the Hotel Mark Hopkins, San Francisco, at 12:15 p.m., Saturday, December 6, 1952, by Chairman Shipman.

Roll Call:

President were President Alesen, President-Elect Green, Speaker Charnock, Vice-Speaker Bailey, Secretary Daniels, Editor Wilbur and Councilors Shipman, West, Wheeler, Loos, Sampson, Morrison, Dau, Ray, Montgomery, Lum, Bostick, Pollock, Frees, Carey, Kirchner and Heron.

Absent for cause, Councilor Varden.

A quorum present and acting.

Present by invitation during all or a part of the meeting were Messrs. Hunton, Thomas, Clancy, Gillette and Pettis of C.M.A. staff, Legal Counsel Hassard, Mr. Ben Read of the Public Health League of California, Legislative Chairman Doctor Dwight H. Murray, county society executive secretaries Thompson of San Joaquin and Donovan of Santa Clara and Doctors E. Vincent Askey, Francis J. Cox, Sam McClendon, Samuel R. Sherman, Abraham Sirbu, Dan Kilroy, James C. Doyle, Henry Gibbons III, H. Gordon MacLean and Joseph S. McGuinness.

1. *Minutes for Approval:*

On motion duly made and seconded, minutes of the 396th meeting of the Council, held November 15-16, 1952, were approved.

2. *Membership:*

(a) On motion duly made and seconded, two delinquent members whose dues had been received, were voted reinstatement.

(b) On motion duly made and seconded, Doctor Cloyd N. McAllister of Madera County was elected to Associate Membership.

(c) On motion duly made and seconded, Doctor Kenneth J. Dunlavy of Sonoma County was elected to Retired Membership.

(d) On motion duly made and seconded in each instance, seven applicants were voted a reduction of dues because of protracted illness or postgraduate study.

(e) Report was made on the expulsion of one member from the Los Angeles County Medical Association following hearings on charges of unprofessional conduct.

3. *Annual Session:*

On motion duly made and seconded, approval was voted the President to invite Dean Manion of the School of Law, Notre Dame University, as the President's guest speaker at the 1953 Annual Session, it being understood that arrangements would be made to provide Dean Manion with a suitable separate meeting to which the public might be invited.

On motion duly made and seconded, it was voted to invite Doctor Leonard Scheele, Surgeon General of the U. S. Public Health Service, to address the 1953 Annual Session on the occasion of his visit to Los Angeles on official business.

4. *Professional Disability Insurance:*

Councilor Kirchner reported on the study made by his committee of a group disability insurance program which had been offered the Association. After discussion, it was regularly moved, seconded and voted to approve the committee's report and to refer the subject to the Executive Committee for further study and report.

5. *Committee on Industrial Accident Commission:*

Doctor Francis J. Cox, chairman of the Committee on Industrial Accident Commission, gave a progress report on the committee's activities, including the filing of a petition to the Industrial Accident Commission for approval of a proposed new fee schedule. On motion duly made and seconded, it was voted to authorize the committee, working with the Committee on Public Policy and Legislation, to instigate legislation on the subject of authority of a state agency to inaugurate and enforce a schedule of medical and surgical fees, in the event a satisfactory reply on the current petition is not received by next January 1.

6. *Referee for Disciplinary Case:*

On motion duly made and seconded, it was voted to appoint a referee to conduct a hearing by the Riverside County Medical Association on charges of unprofessional conduct brought against one of its members.

Recess

At this point, 1:30 p.m., Saturday, December 6, 1952, the meeting was recessed until 12:00 noon, Sunday, December 7, 1952.

7. *Special Committee on Psychiatry:*

Dr. Alesen reported on a study made by a special committee on psychiatry on the report of research work performed in a state hospital. On motion duly made and seconded, it was voted to request this committee to make such further studies on this subject as might be indicated.

On motion duly made and seconded, it was voted

to appoint a committee on nutritional studies in state hospitals, subject to the consent and advice of Dr. Dwight L. Wilbur, who has conducted a nutritional study on this subject.

8. *Bureau of Mental Health:*

Councilor Carey reported on the opening of an office by the Bureau of Mental Health, Department of Mental Hygiene, in which a state psychiatrist offers psychiatric service to all patients, including some in whose cases there is a question as to the social servicing employed. On motion duly made and seconded, it was voted to advise the county societies on the action previously taken by the Council in regard to private practice by physicians employed in state institutions.

9. *California Medicine:*

Editor Wilbur discussed a proposal that CALIFORNIA MEDICINE be augmented by the addition of (1) increased reporting on Association activities and considerations and (2) editorials and reports on medical-economic subjects, social problems, legal matters, medical education and other subjects. He suggested that the President, President-elect, Council Chairman and Secretary sit with the Editor as an advisory board on the selection and form of such material. On motion duly made and seconded, it was voted to authorize the Editor to proceed along the lines outlined.

10. *Professional Liability Insurance:*

A letter from a county society, outlining its objections to the exclusion of specified risks from its professional liability policies, was read and discussed. It was regularly moved, seconded and voted to refer this matter to the Committee on Medical Defense.

11. *Public Policy and Legislation:*

Dr. Dwight H. Murray, legislative chairman, reported on a meeting held by his committee with the special Committee on Psychology and invited psychologists. Dr. Bullock's written report was distributed to each Councilor and considered. On motion duly made and seconded, it was voted to refer the matter of suggested legislation in the field of psychology to the Committee on Public Policy and Legislation for further consideration.

12. *Department of Public Health:*

A communication from Dr. Garnett Cheney on the subject of rabies control and milk pasteurization and certification was read. Dr. Cheney urged that the Association undertake joint action with the State Department of Public Health along the lines of more adequate public control of these matters and on motion duly made and seconded, it was voted to approve such joint action.

Adjournment:

There being no further business to come before it, the meeting was adjourned at 2:00 p.m., Sunday, December 7, 1952.

SIDNEY J. SHIPMAN, M.D., *Chairman*
ALBERT C. DANIELS, M.D., *Secretary*

* * *

398th Meeting

The meeting was called to order by Chairman Shipman in Room 220 of the St. Francis Hotel, San Francisco, at 9:30 a.m., Sunday, February 22, 1953.

Roll Call:

Present were President Alesen, President-elect Green, Speaker Charnock, Vice-Speaker Bailey, Councilors West, Wheeler, Loos, Sampson, Morrison, Dau, Ray, Lum, Bostick, Pollock, Frees, Carey, Shipman, Kirchner and Heron, Secretary Daniels and Editor Wilbur.

Absent for cause: Councilors Montgomery and Varden.

A quorum present and acting.

Present by invitation during all or a part of the meeting were Messrs. Hunton, Thomas, Clancy, Pettis and Gillette of C.M.A. staff; Legal Counsel Howard Hassard; Drs. Dwight H. Murray, Francis T. Hodges and Francis J. Cox; county society executive secretaries Waterson of Alameda-Contra Costa, Geisert of Kern, Nute of San Diego, Wood of San Mateo and Donovan of Santa Clara; Dr. Malcolm Merrill of the State Department of Public Health; Mr. Ben H. Read of the Public Health League of California; Mr. K. L. Hamman of California Physicians' Service; Dr. John S. O'Toole, secretary of the Riverside County Medical Association; Mr. Clem Whitaker, Jr., of public relations counsel, and Drs. John W. Cline and Edwin L. Bruck.

1. *Minutes for Approval:*

(a) On motion duly made and seconded, minutes of the 397th Council meeting, held December 6-7, 1952, were approved.

(b) On motion duly made and seconded, minutes of the 235th Executive Committee meeting, held December 20, 1952, were approved.

(c) On motion duly made and seconded, minutes of the 236th Executive Committee meeting, held February 1, 1953 were approved.

2. *Membership:*

(a) A report of membership as of February 20, 1953, was received.

(b) On motion duly made and seconded, five members delinquent for 1952 and one delinquent for 1951 and 1952 were voted reinstatement.

(c) On motion duly made and seconded in each

instance, four applicants were elected to Associate Membership. These were: Charles R. Gardipee, Alameda-Contra Costa; Arthur R. Jewel, Napa County; J. T. Shelton, and Robert S. Westphal, Sonoma County.

(d) On motion duly made and seconded in each instance, 17 applicants were elected to Retired Membership. These were: Harry Abrons, Wm. C. Pruett, Roscoe Van Nuys, Alameda-Contra Costa; A. H. Konigmacher, R. J. van Wagenen, Fresno County; R. Elsie Arburthnot, George W. Blatherwick, A. Newton Bobbitt, C. F. Charlton, Ralph C. Christie, Wm. L. Goeckerman, John P. Naughton, Wendy Stewart, C. G. Sutherlin, Cleon W. Symonds, Los Angeles County; George E. Chapman, San Francisco County; and George A. Broughton, Ventura County.

(e) On motion duly made and seconded in each instance, 26 applicants were voted leaves of absence.

(f) On motion duly made and seconded in each instance, three applicants were voted reductions of dues.

(g) On motion duly made and seconded, it was voted to authorize the central office to handle administratively the applications for leaves of absence or reduction of dues for members over the age of 70 years or those in their first three years of practice, subject to Council approval.

(h) On motion duly made and seconded, it was voted to appoint a referee to conduct a disciplinary hearing in Los Angeles County.

(i) On motion duly made and seconded, it was voted to hear an appeal from a Los Angeles County disciplinary case at 10 a.m., Saturday, May 23, 1953, in Los Angeles, with written briefs to be filed in advance by both parties and with Dr. L. A. Alesen appointed a conciliation committee of one to attempt a conciliation in this matter.

3. *Financial:*

A report of bank balances as of February 20, 1953, was received and ordered filed.

4. *Alternate Delegate to American Medical Association:*

In accordance with the terms of Chapter VIII, Section 9, of the By-Laws, and on motion duly made and seconded, Dr. Orris R. Myers of Eureka was elected an Alternate Delegate to the American Medical Association, as alternate to Delegate John W. Green.

5. *Nominations for C.P.S. Board of Trustees:*

On motion duly made and seconded, the following nominations for the Board of Trustees of California Physicians' Service were approved: Merlin L. Newkirk, M.D., to succeed Donald Cass, M.D.; Leon O. Desimone, M.D., to succeed Kendrick A. Smith, M.D.; Francis T. Hodges, M.D., to succeed himself; Mr. Robert A. Hornby to succeed himself; Edwin L. Bruck, M.D., for the vacancy created by the resignation of Harold M. F. Behnemann, M.D.

6. *Advisory Planning Committee:*

Mr. Hunton reported on the meeting of the Advisory Planning Committee held February 20, 1953, and recommended that Eldon E. Geisert, newly appointed executive secretary of the Kern County Medical Society, be appointed a member of the committee. On motion duly made and seconded, this appointment was voted. Mr. Hunton also presented the following resolution, which, on motion duly made and seconded, was unanimously adopted:

WHEREAS, In the March, 1953, issue of the *Reader's Digest*, in an article entitled, "The Modern Man of Medicine," much favorable publicity is given to the Alameda-Contra Costa Medical Association's progressive public relations program; and

WHEREAS, The entire membership of the California Medical Association basks in the honor bestowed upon this Association; and

WHEREAS, Much credit for this extremely favorable article, as well as the philosophy and program which it describes, should go to Rollen A. Waterson, executive secretary of the Alameda-Contra Costa Medical Association; now, therefore, be it

Resolved: That on this 22nd day of February, 1953, the Council of the California Medical Association extend to the Alameda-Contra Costa Medical Association, and its executive secretary, Rollen Waterson, its congratulations and best wishes.

7. *California Physicians' Service:*

Dr. Francis T. Hodges reported on the beneficiary and physician membership of California Physicians' Service and gave a progress report on the activation by the C.P.S. Board of Trustees of recommendations adopted by the 1952 House of Delegates.

8. *Blue Shield-Blue Cross Meetings:*

On motion duly made and seconded, it was voted that it be the sense of the Council that the chair appoint a committee to explore all aspects of Blue Shield and Blue Cross operations in southern California, with a view toward possible joint operations by the two organizations.

It was further moved, seconded and voted that President Alesen be authorized to arrange a joint meeting of representatives of the two organizations.

(Chairman Shipman appointed Dr. Alesen as chairman of the committee, with Dr. Ben Frees and Mr. Ritz Heerman as the other members.)

9. *Public Policy and Legislation:*

Dr. Dwight H. Murray reported on meetings held

in Washington between officials of the American Medical Association and Mrs. Oveta Culp Hobby, Federal Security Administrator, and President Eisenhower.

Mr. Read and Mr. Hassard reported on several legislative items under consideration by the Committee on Public Policy and Legislation. The committee pointed out that (1) legislation has been introduced to permit telephoned prescriptions for codeine and codeine mixtures, and (2) that such telephoned prescriptions be taken subject to later issuance of a written prescription.

On motion duly made and seconded, it was voted to recommend that telephoned prescriptions for dangerous drugs be recognized, subject to furnishing of a written prescription within 72 hours.

On motion duly made and seconded, it was voted to oppose current legislative proposals calling for the State of California to enter the disability insurance field in competition with private industry.

10. *Committee on Industrial Accident Commission:*

Dr. Francis J. Cox reported on the status of his committee's negotiations for an adequate fee schedule for industrial accident cases. Legislation has been introduced to clarify the legal position in establishment of such a schedule.

11. *State Department of Public Health:*

Dr. Malcolm Merrill, Assistant Director of Public Health, reported that about 1,000,000 doses of gamma globulin would probably be available for the nation during the polio season and that all available serum has been withdrawn from the commercial market and placed in a national pool. The State Department of Public Health is working with the Association, the California Conference of Local Health Officers and several technical consultants on the problems of distribution of the small amount of serum which will become available.

On motion duly made and seconded, it was voted to prepare a news release, in conjunction with the State Department of Public Health, on the impending shortage of gamma globulin.

On motion duly made and seconded, it was unanimously voted to express to Dr. Wilton L. Halverson, State Director of Public Health, the approval of the Council of his services in his official capacity and the sincere hope that he will remain in California to continue his good work.

Councilor Carey and Dr. Henry Eagle, secretary of the Shasta County Medical Society, discussed the psychiatric services offered in some rural areas by the State Department of Mental Hygiene. On motion duly made and seconded, it was voted to refer this matter to the Committee on Public Health and Public Agencies.

12. *Public Relations:*

Dr. Pollock and Messrs. Hassard and Gillette reviewed some staff questions which have arisen in hospital districts in various places. The public relations department has been asked to assist in some phases of this problem.

Discussion was held on plans now being made in the San Francisco bay area for establishment of an educational television station. It was pointed out that public service time will likely be made available by some of the existing television outlets in this and other areas of the state.

13. *Group Disability Insurance:*

Councilor Kirchner reported that the group disability insurance program offered for members of the Association was to be reviewed by an independent insurance analyst. He also discussed the health insurance needs of medical students and their dependents.

Councilor Wheeler reported that the Riverside County Medical Society and C.P.S. were cooperating in setting up a prepayment medical care program for the University of California at Riverside.

On motion duly made and seconded, it was voted to request the C.P.S. Board of Trustees to investigate the possibility of providing medical services for students throughout the state.

14. *Committee on Scientific Work:*

Secretary Daniels presented a list of guest speakers and non-members who will contribute papers at the 1953 Annual Session. On motion duly made and seconded, this list was approved.

15. *State Bar of California:*

A request was presented from the State Bar of California for appointment of a committee to work with a similar committee from the State Bar on a new legal definition of insanity. On motion duly made and seconded, the chairman was authorized to appoint such a committee.

16. *1952 House of Delegates:*

Discussion was held on a resolution presented to the 1952 House of Delegates, calling for the establishment of the Department of Public Relations as a separate organization from the Association office. This resolution was defeated in the House of Delegates but referred to the Council for consideration. On motion duly made and seconded, it was voted to continue the Department of Public Relations in its present state.

17. *Medical Student Training:*

Dr. Charnock reported on work being done by Jerry Pettis of public relations staff in indoctrinating medical students. On motion duly made and sec-

onded, it was voted to encourage this activity and to furnish reasonable financing for it.

18. *School of Health Programs:*

Discussion was held on the proposal that the Association foster the establishment of organized school health programs in the various areas of the state. On motion duly made and seconded, it was voted to empower Dr. D. H. Murray to discuss this proposal with the school health authorities in the American Medical Association.

Adjournment:

The Chairman called attention to the fact that the Council's business now requires either one long day or two days to complete. He suggested that in future meetings Councilors who must travel plan to return by late planes or trains or be prepared to spend two days in session.

There being no further business to come before it, the meeting was adjourned at 6:10 p.m.

SIDNEY J. SHIPMAN, M.D., *Chairman*
ALBERT C. DANIELS, M.D., *Secretary*

In Memoriam

ADAMS, BON O. Died in Riverside, February 23, 1953, aged 80, of arteriosclerotic heart disease. Graduate of the Medical College of Indiana, Indianapolis, 1901. Licensed in California in 1916. Doctor Adams was a member of the Riverside County Medical Association, the California Medical Association, and the American Medical Association

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BAILEY, CORNELIUS O. Died in Los Angeles, February 1, 1953, aged 65, of cardiac failure. Graduate of the University of Texas School of Medicine, Galveston, 1915. Licensed in California in 1931. Doctor Bailey was a member of the Los Angeles County Medical Association, the California Medical Association, and the American Medical Association.

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BOLIN, ZERA E. Died in San Francisco, February 11, 1953, aged 64. Graduate of Jefferson Medical College of Philadelphia, Pennsylvania, 1914. Licensed in California in 1923. Doctor Bolin was a member of the San Francisco Medical Society, the California Medical Association, and the American Medical Association.

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CLOUGH, DAVID M. Died January 22, 1953, aged 44, when an airplane he was piloting crashed into a mountain side near Round Mountain, California. Graduate of the University of Minnesota Medical School, Minneapolis, 1942. Licensed in California in 1942. Doctor Clough was a member of the Los Angeles County Medical Association, the California Medical Association, and the American Medical Association.

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CLOUGH, FRANCIS E. Died in Laguna Beach, February 9, 1953, aged 74, of coronary artery disease. Graduate of Rush Medical College, Chicago, Illinois, 1902. Licensed in California in 1928. Doctor Clough was a member of the San Bernardino County Medical Society, the California Medical Association, and the American Medical Association.

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ELLWOOD, WALTER M. Died in Hollywood, February 7, 1953, aged 46, of coronary artery disease. Graduate of Marquette University School of Medicine, Milwaukee, Wisconsin, 1931. Licensed in California in 1944. Doctor Ellwood was a member of the Los Angeles County Medical Association, the California Medical Association, and the American Medical Association.

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GIRARD, FRANK R. Died in Tucson, Arizona, February 28, 1953, aged 72, from injuries received in a fall from a horse at a guest ranch near the Arizona city. Graduate of the University of California Medical School, Berkeley-San Francisco, 1903. Licensed in California in 1914. Doctor Girard was a retired member of San Francisco Medical Society, the California Medical Association, and an associate member of the American Medical Association.

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HONAKER, GEORGE T. Died in San Leandro, February 22, 1953, aged 75. Graduate of Barnes Medical College of St. Louis, Missouri, 1900. Licensed in California in 1920. Doctor Honaker was a retired member of the Alameda-Contra Costa Medical Association, and the California Medical Association, and an associate member of the American Medical Association.

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ROSSON, CHARLES T., JR. Died in Hanford, February 3, 1953, aged 47. Graduate of the University of California Medical School, Berkeley-San Francisco, 1931. Licensed in California in 1931. Doctor Rosson was a member of the Kings County Medical Society, the California Medical Association, and the American Medical Association.

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TAYLOR, ROY N. Died December 20, 1952, aged 56. Graduate of the University of Tennessee College of Medicine, Memphis, 1924. Licensed in California in 1925. Doctor Taylor was a member of the Riverside County Medical Association, and an associate member of the California Medical Association, and the American Medical Association.

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WEBER, WILLIAM L. Died in Durham, North Carolina, January 30, 1953, aged 67, of cardiovascular disease. Graduate of the University of Southern California School of Medicine, Los Angeles, 1908. Licensed in California in 1908. Doctor Weber was a retired member of the Los Angeles County Medical Association, the California Medical Association, and an associate member of the American Medical Association.